

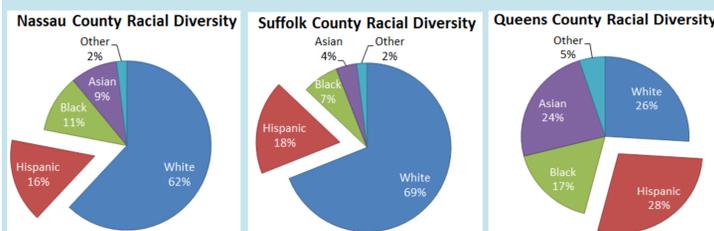
Bridging the Gap to Deliver Culturally Competent, Health Literate Care: A Collaboratively Developed Train-the-Trainer Program Designed for Community Serving Individuals

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Participating organizations and key partners representing the Long Island Health Collaborative, Population Health Improvement Program¹, Nassau Queens PPS², Suffolk Care Collaborative³ and Hofstra University⁴

Background

As communities in the New York counties of Nassau, Suffolk and Queens have become more diverse, the need to incorporate cultural competency and health literacy into practice is key to providing patient-centered care. The goal of the *Train-the-Trainer* program is to advance cultural and linguistic competence, promote effective communication to eliminate health disparities and enhance patient outcomes. To prepare professionals serving at risk populations, particularly those who qualify as low-income, minority, uninsured, or Medicaid-eligible, a region-specific toolkit was developed and advanced-level training was offered.



Source: Northwell Health System, Truven Market Discovery.v2015.03.26.ipn

Introduction & Audience

In alignment with the New York State Medicaid Redesign Program geared to the Triple Aim, this program was developed to address cultural competency, health literacy (CCHL) workforce gaps across three counties. Partners include two Delivery System Reform Incentive Payment Program (DSRIP) Performing Provider Systems, - Nassau Queens PPS and Suffolk Care Collaborative - and the Population Health Improvement Program (PHIP).

The Long Island Health Collaborative (LIHC), funded by the NYS Department of Health, is a group of partners working together to improve health outcomes. Goals of the DSRIP program include reducing avoidable emergency department visits by 25% in five years using a multi-pronged approach to population health. A regional cultural competency, health literacy strategy helps address health disparities across racially and ethnically diverse populations.

The target audience is multi-layered to ultimately reach the population receiving services:

- Trainers or TTTs
- Staff level training participants
- Communities and populations receiving care

Materials & Methods

A full day, region-specific, program was developed featuring local stories, self-reflection and interactive discussion. Working with a locally-based expert to develop curriculum was a priority. In this region, racial segregation coupled with distinct variations in health outcomes across census tracts demonstrates the existence of vast health disparities. Due to unique regional characteristics, it was imperative that the curriculum be tailored to address the needs of populations living in our area of focus.

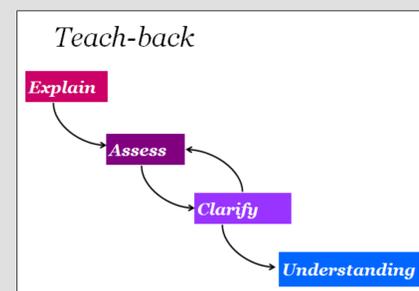
Individuals were asked to apply, with preference given to individuals with facilitation skills, commitment/capacity to lead the program, and experience working with underserved populations. Curriculum components include:

- **Health Equity:** social determinants of health, place and health, unconscious bias
- **Cultural Competency and Humility:** CLAS Standards, cultural differences on Long Island
- **Health Literacy:** impact on health
- **Facilitation skills and hands-on practice**

Individuals received a toolkit, access to didactic presentations, region-specific videos, digital stories, and valuable resources that develop the skill-set needed to lead two variations of CCHL training sessions: a **staff level** training session, and an intensive training session, for **Train-the-Trainers**.

Spotlight on CCHL Tools

- Unconscious Bias-Implicit Attitude Test
- AHRQ Health Literacy Toolkit
 - Guidelines for Health Literate Materials
 - Teach-Back Method



Evaluation:

A multi-level plan for program evaluation was developed using The Kirkpatrick Model. Because the four levels are interconnected, each level is being measured to evaluate program efficacy.

Reference: Health Literacy: Hidden Barriers and Practical Strategies. Content last reviewed January 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool3a/index.html>

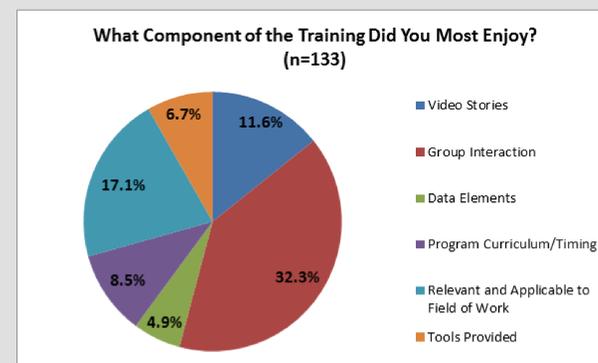
Results

Since inaugural training, November 2016

- 68 individuals became TTTs
- 127 received staff level training

Level 1: Reaction - satisfaction measures on trainer, content and structure of training

Audience Measured: TTT and Staff Level



Level 2: Learning - self-reported understanding of learning objectives.

Audience Measured: Staff Level

Learning Objectives – Participants rated very confident:

- Application of the cultural humility approach to learn about your client's experience, values, beliefs and behaviors
- Utilization of health literacy strategies (plain language)

Level 3: Behavior - behavior, value, opinions and insight regarding training outcomes.

Audience Measured: TTTs

"PARTICIPANTS SEEMED TO APPRECIATE THAT INFORMATION PROVIDED IN THE TRAINING WAS **RELATED** TO THEIR DAILY JOB FUNCTION"

"PARTICIPANTS WILL APPLY LEARNED MATERIAL BY BEING MORE CONSCIOUS OF THEIR **IMPLICIT BIASES.**"

"THIS TRAINING ALLOWS THOSE SERVING THE COMMUNITY MEMBERS TO UNDERSTAND, A COMMUNITY IS MADE UP OF **DIFFERENT CULTURES AND BACKGROUNDS**"

"THIS TRAINING INCREASES THE UNDERSTANDING OF THE **SOCIAL DETERMINANTS OF HEALTH**, AND BRINGS TO THE FOREFRONT THE IMPORTANCE OF RECOGNIZING AND ACKNOWLEDGING THE ROLE OF CULTURE AND **HEALTH LITERACY** IN SERVICE DELIVERY."

Level 4: Results - How is target population being better served? Results to be obtained one year post inaugural program.

Audience Measured: Populations receiving care

- HCAHPS
- Internal performance measures
- Readmission rates

Reference: The Kirkpatrick Four-Level Training Evaluation Model (<http://www.kirkpatrickpartners.com>)

Conclusion

Increasing community diversity and state-level reform structures have led to the need for CCHL region-specific resources. This program has paved the way for community-serving individuals looking to sharpen their cultural and linguistic competence and enhance communication skills in an effort to better serve at risk populations. In addition to the train-the-trainer program, individuals were invited to participate in a live, interactive CCHL webinar to increase flexibility in programming.

- Collaboration led to leveraged resources and expanded partner involvement
- Model is feasible for trainers to implement
- Applicable to a variety of audiences including police recruits, social service and health service providers
- Design is sustainable and cost-effective
- Trainers report feeling confident in their delivery of the program post-training
- Participants find value in applicability and relevance to their job function, specifically the region-specific data elements, videos and stories shared to highlight the unique characteristics of Nassau, Suffolk and Queens Counties
- Trainers are hopeful that program will increase client retention

Curriculum Updates

Level 3 evaluation feedback from trainers led to the development of Simplified and streamlined data elements.



Considerations for Evaluation

In November 2017, the evaluation team will review Level 4 program evaluation results. It is critical that we link program implementation to enhanced provision of care throughout the region.

Acknowledgements

- Martine Hackett, Ph.D., MPH, Assistant Professor, Hofstra University, curriculum development and program facilitation
- Participating organizations including those trained and leading trainings throughout the region.

Contact Information

For more information, contact the Long Island Health Collaborative at LIHC@NSHC.org